DEPARTMENTAL TRANSMITTAL SHEET

F-77 (02/16)

Date: August 6, 2018

TO: VEHICLE AND SUPPLY UNIT

FROM: JAMES KARASE, Supervisor
Digital Forensics Unit

SUBJECT: PURCHASE REQUEST (OVER $500)

BUDGETED ITEM	☒ Yes	☐ No	☒ New	☐ Replacement				
ASSET SHARING ITEM	☐ Yes	☒ No	*If "yes":*	**List #:** N/A		**Item #:** N/A		

Fund	Dept.	Division	Section	Object	Grant	Program	Activity	Location	Project
3460	2300	2380	0000	*521410*	FL807	0000	00000	0000	FL807

ITEM OR SERVICE REQUESTED: **(Include manufacturer, model, catalog numbers. Specify reason for purchase/service)**

The Digital Forensics Units is requesting to purchase a GrayKey Unit and annual license. The device will allow access to locked Apple iOS devices. The lab currently has no software able to bypass and access data from a locked iPhone device.

Grayshift is a cyber security firm built by experts in security research and exploitation. Our focus is on building advanced capabilities to support local, state, and federal government agencies for the purposes of accessing mobile platforms to enable digital forensic analysis. Through our research, we have built next generation technology that allows for pre-forensic access to iOS devices, in effect removing the barriers that currently prevent forensic analysis of these devices.

UNIT CONTACT PERSON:	James Karase	**DSN:**	3472	**PHONE #:**	314-615-8661

VENDORS: (three required, only one quote needed)

COMPANY NAME:	Grayshift, LLC				TOTAL COST:	$15,030.00
ADDRESS:	931 Monroe Dr NE, Suite A102-340		CITY/STATE/ZIP:	Atlanta, GA 30308		
COMPANY CONTACT:	sales@greyshift.com		PH#:	833-472-9539 Ext. 1	FAX#:	404-420-2797
COMPANY NAME:					TOTAL COST:	$
ADDRESS:			CITY/STATE/ZIP:			
COMPANY CONTACT:			PH#:		FAX#:	
COMPANY NAME:					TOTAL COST:	$
ADDRESS:			CITY/STATE/ZIP:			
COMPANY CONTACT:			PH#:		FAX#:	

NAME	SIGNATURE	YES	NO	DATE
Lisa Cambell				
Lieutenant Diane Leonard				
Captain James Mundel				
Captain Charles Boschert (Acting Col.) (final approval)				
LTC Col. Jeff Bader (purchases over $2,500)				
RETURN TO: Vehicle and Supply Unit				

DEPARTMENTAL TRANSMITTAL SHEET (cont.)

SPECIFICATIONS: (Attach detailed specification if required)

Below are concerns that should be addressed while writing specification:

MANUFACTURER: Grayshift	MODEL# GrayKey	CATALOG# N/A
QUOTE# 201886-389677809687	COLOR: N/A	QUANTITY: 1
PACKAGING (HOW MANY/CASE/PACK): 1	SIZE: N/A	SAMPLE REQUIRED: N/A
WARRANTY: PARTS: 12 Months	LABOR: N/A	N/A:

Other warranty considerations: period of warranty (90 days etc.), on-site repair required, replacement needed if taken from office, full warranty, limited warranty, hours required to respond (regular office hours or 24 hour service), extended warranty required.

TRAINING REQUIRED:	YES ☐	NO ☒	IF YES, LOCATION OF TRAINING: N/A		
# OF PEOPLE: N/A			HOURS/DAYS REQUIRED: N/A		
ASSEMBLY REQUIRED:	YES ☐	NO ☒	INSTALLATION REQUIRED:	YES ☐	NO ☒
PERMITS REQUIRED:	YES ☐	NO ☒	SPECIAL DELIVERY REQUIREMENTS:	YES ☐	NO ☒
			IF YES, DESCRIBE DELIVERY:		

ARTWORK REQUIRED:	YES ☐	NO ☒	ARTWORK AVAILABLE:		YES ☐	NO ☒
ALL OR NOTHING BID:	YES ☐	NO ☒	ITEM BY ITEM OR GROUP BID:		YES ☐	NO ☒
OPTION(S) NEEDED:	YES ☐	NO ☒	LIST OPTIONS:	N/A		

ARE OPTIONS TO BE PRICED SEPARATELY:	**YES** ☐	**NO** ☒

SHIP TO ADDRESS: Digital Forensics Unit, c/o James Karase

7900 Forsyth Blvd.

Clayton, MO 63105

MANUAL REQUIRED:	**YES** ☒	**NO** ☐			
IS COMPATIBILITY A FACTOR:	**YES** ☐	**NO** ☒	**IF YES, LIST TYPE OF EQUIPMENT:**	**N/A**	
IS THIS A SOLE SOURCE ITEM:	**YES** ☒	**NO** ☐	**(SOLE SOURCE LETTER MAY BE REQUIRED)**		
*CAN A COUNTY APPROVED EQUAL BE SUBSTITUTED:		**YES** ☐	**NO** ☒	**IF NO, EXPLAIN:**	**Forensics specification needed**

* County approved equal will be considered acceptable unless sufficient justification for "only manufacturer" item is approved.

Attachments: ☒ Yes ☐ No